

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763177 (3)
1. Corporation Name

SCHLARAFFIA COSTA AUREA, INC.



Principal Place of Business
6769 ARBOR DRIVE
MIRAMAR FL 33023
US

Mailing Address
ERNEST A. SEEMANN, ESQ.
4729 DEL PRADO BLVD.
CAPE CORAL FL 33904

3. Date Incorporated or Qualified 05/07/1982
3a. Date of Last Report 03/20/1995

| | | | |
|--------------------------------|------------------------|---|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 59-2235912 | Not Applicable |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 Country | 29 Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | Yes No |
| 25 | 30 | | |

9. Name and Address of Current Registered Agent

SEEMANN, ERNEST A.
4729 DEL PRADO BLVD.
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--------|
| TITLE | VD | DELETE |
| NAME | ZEIDLER, BRUNO | |
| STREET ADDRESS | 1323 SW 3RD ST. | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | TD | DELETE |
| NAME | BROSE, WILHELM F | |
| STREET ADDRESS | 3980 SW 30TH COURT | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VP | DELETE |
| NAME | HACHENBURG, H.W. | |
| STREET ADDRESS | 6769 ARBOR DRIVE | |
| CITY-ST-ZIP | MIRAMAR FL | |
| TITLE | SD | DELETE |
| NAME | HACHENBURG, H.W. | |
| STREET ADDRESS | 6769 ARBOR DR. | |
| CITY-ST-ZIP | MIRAMAR FL | |
| TITLE | AS | DELETE |
| NAME | SEEMANN, ERNEST A | |
| STREET ADDRESS | 4729 DEL PRADO BLVD. | |
| CITY-ST-ZIP | CAPE CORAL FL 33904 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|-----------------|
| 1.1 TITLE | Change Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | Change Addition |
| 2.1 TITLE | Change Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | Change Addition |
| 3.1 TITLE | Change Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | Change Addition |
| 4.1 TITLE | Change Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | Change Addition |
| 5.1 TITLE | Change Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | Change Addition |
| 6.1 TITLE | Change Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | Change Addition |

P/D
EMIL GRUN
2899 COLLINS AVE # 529
MIAMI BEACH, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/96 941-540-7007

CR2E037 (12/95)